

CLAIMS ONLY

Application Number

"Filling" Date

10799811

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT.		AFTER SECOND AMENDMENT.	
	Indep.	Depend	Indep.	Depend	Indep.	Depend
1	/					
2		/				
3		/				
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49		/				
50		/				
Total Indep.	7					
Total Depend.	39					
Total Claims	46					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep.						
Total Depend.						
Total Claims						